

MDR Tracking Number: M5-04-0222-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on September 18, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises 2-units (97110) were found to be medically necessary. The office visits and the remaining units of (CPT code 97110) therapeutic exercises were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for therapeutic exercises and office visit charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 3/4/03 through 4/24/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 4<sup>th</sup> day of November 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-0222-01

October 28, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

Notice of Independent Review Determination

### CLINICAL HISTORY

Patient received physical therapy procedures and had surgery after injuring left thumb on a conveyor belt at work on \_\_\_\_.

### REQUESTED SERVICE(S)

Therapeutic procedures and office visits from 12/6/02 through 4/24/03.

### DECISION

Two units of therapeutic exercise (97110) are approved for the dates of service from 3/4/03 through 4/24/03. All other procedures for the dates in question are denied.

### RATIONALE/BASIS FOR DECISION

No legitimate daily progress notes were submitted for review. Instead, the notes could quite literally be super imposed upon each other as they rarely changed from visit to visit. As a result, the patient's response to care and the medical necessity of the treatments could not be determined.

Office visits (99213) were reported on many patient encounters. When reporting office visits where chiropractic spinal adjustments are performed, 99213-MP should be utilized. However, in the absence of performing spinal adjustments – which is the case here – then the stand-alone reporting of 99213 must be supported by documentation that reflects an extended history was taken, and an extended examination was delivered (per *Current Procedural Terminology*). Since the necessary documentation was not supplied, all office visits (99213) are denied.

Based solely on the opinion and prescription of the surgeon, the medical necessity of two units of post surgical therapeutic exercise for the left thumb is documented. However, there is no documentation to justify the medical necessity of five units per visit.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 31<sup>st</sup> day of October 2003.